

EXHIBIT # 1  
 WIT: Lang  
 DATE: 6-28-17  
 Barbara A. Finn-Figiulo, CSR, RPR

Facility: Michael Cook Center

State of Illinois - Department of Corrections

INMATE INJURY REPORT

Inmate's Name Jose Antonio Osvaldo Inmate's Number R72183  
 Age 28 Birthdate 3/29/85 Sex M Race Hispanic

N 6-18

Date of Injury 2/5/14 Time approx 1130A

Location Front Street in front of General Store Door

How Did Injury Occur? Fell on ice on concrete walking from West cell house to N2

Was it Job Related? No

Was It Witnessed by Staff? (Yes/No If Yes, Then List Names S.J. Qualls)

Any Suggestions by Staff or Inmate for Prevention of Recurrences: (circle) Staff/Inmate  
Use Caution

(Inmate)

Signature of Individual Preparing Report

2/5/14  
 Date

(Medical Report on Reverse Side)

DC 7111-1A1  
 IL 426-0023 (3-90) Printed on recycled paper

PL 000092

Exhibit 7

Inmate's Name Jose - Nicolas

## INMATE INJURY REPORT

Time of medical evaluation 1155 <sup>a.m.</sup> p.m. Date 2/5/14  
 Physician Notified \_\_\_\_\_ a.m. p.m. Date \_\_\_\_\_

S (Inmate Account) "My head hurts, lt. wrist, Rt. jaw, & legs."

## O (Objective Findings)

Vitals T \_\_\_\_\_ P \_\_\_\_\_ R \_\_\_\_\_ BP \_\_\_\_\_ Tetanus \_\_\_\_\_  
Unable to assess DIT location/Uncooperative

- Superficial abrasions noted to lt. side forehead/forearm, & bleeding noted
- Swelling, bruising, bleeding, deformities noted to jaw (Rt), lt. wrist, & bilateral thighs
- NAD noted, & other injuries noted. A & D x 3

A (Evaluation of Injury) Post FallP (Treatment and Follow-up) F/u PRN

Disposition of Patient: ☐ Return to Assignment ☒ Housing Unit ☐ Lay-In ☐ MD  
☐ Infirmary ☐ Off Site Referral for Treatment - Destination \_\_\_\_\_



Signature and Title

I have reviewed this report and would like to see this inmate:

☐ immediately ☐ next sick call ☐ PRN.

\_\_\_\_\_  
 Signature M.D.

\_\_\_\_\_  
 Date

PL 000093

Exhibit 7